

ORIGINAL D.P.S. USE ONLY										SOUTH CAROLINA UNIFORM TRAFFIC COLLISION REPORT DEPARTMENT of PUBLIC SAFETY FORM TR-310 (REV. 3/84)										<input type="checkbox"/> Amended - Attach Copy of Original Report <input type="checkbox"/> Corrected										Page of Pages																																																	
Date		Time		County		1 - Interstate 2 - US Primary 3 - SC Primary		4 - Secondary 5 - County 6 - Other		COLLISION LOCATION Route Number and Name if any ON										AUXILIARY 0 - Main Line 2 - Alternate 5 - Spur 6 - Connection 7 - Business 8 - Bypass 9 - Other																																																											
Lane		Ramp		Lane / Ramp Travel Direction		1 - Interstate 2 - US Primary 3 - SC Primary		4 - Secondary 5 - County 6 - Other		BASE INTERSECTION Route Number and Name if any FROM										AUXILIARY 0 - Main Line 2 - Alternate 5 - Spur 6 - Connection 7 - Business 8 - Bypass 9 - Other																																																											
Distance Offset MILES FEET		Direction N E S W		1 - Interstate 2 - US Primary 3 - SC Primary		4 - Secondary 5 - County 6 - Other		SECOND INTERSECTION Route Number and Name if any TOWARD										AUXILIARY 0 - Main Line 2 - Alternate 5 - Spur 6 - Connection 7 - Business 8 - Bypass 9 - Other																																																													
RR Crossing ID		Time Police Notified		Time Police Arrived		Time Ambulance Arrived		City or Town Or if Outside										Miles N E S W MP Grid																																																													
Unit #		Sex		Race		Driver or Pedestrian Full Name										Unit #		Sex		Race		Driver or Pedestrian Full Name																																																									
Birth Date		Street or R.F.D.																																																																													
Residence County		City, State & Zip																																																																													
State		Class		Driver License Number																																																																											
Year		Body		Make & Vehicle Identification Number																																																																											
State		Year		License Plate Number																																																																											
Home Telephone #		Owner's Full Name																																																																													
Bus. Telephone #		Street or R.F.D.																																																																													
Residence County		City, State & Zip																																																																													
Contrib. to Acc. Yes No		Estimated Speed		Speed Limit		COMMERCIAL VEHICLE 1 - YES 2 - NO										Contrib. to Acc. Yes No		Estimated Speed		Speed Limit		COMMERCIAL VEHICLE 1 - YES 2 - NO																																																									
# of Occupants		Vehicle Towed by		Summons Number		Violation Codes		# of Occupants		Vehicle Towed by		Summons Number		Violation Codes																																																																	
H-676421								H-676422																																																																							
Direction of Travel		NORTH																																																																													
Unit #1 N E S W		<div style="text-align: center;"> </div>																																																																													
Unit #2 N E S W																																																																															
NOTICE - THE UNIFORM TRAFFIC COLLISION REPORT IS FOR STATISTICAL REPORTING PURPOSES ONLY AND REFLECTS TO OFFICER'S BEST KNOWLEDGE, OPINION AND BELIEF COVERING THE COLLISION BUT NO WARRANTY IS MADE AS TO THE FACTUAL ACCURACY THEREOF.																																																																															
SPECIAL USE ONLY										INTERNAL AGENCY CODE										Damage to Property Other Than Vehicle: \$										Estimated Amt. of Damage to Unit 1: \$										Estimated Amt. of Damage to Unit 2: \$																																							
Witness Full Name										Address										Phone										Zip										Age										Sex																													
Property Owner Name										Address																				Zip																																																	
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">OCCUPANTS</div>										NAME										ADDRESS										ZIP																																																	
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Investigator's Name										Rank										Badge										Agency Type										Code										Date										Reviewer's Name										Rank									

ORIGINAL

D.P.S. USE ONLY

SOUTH CAROLINA
UNIFORM TRAFFIC COLLISION REPORT
(FOR INVESTIGATING OFFICERS)
SUPPLEMENTAL BUS & TRUCK ACCIDENT REPORT

☐ Amended - Attach Copy
of Original Report

☐ Corrected

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Date	Time	County	Route Category 1 - Interstate 4 - Secondary 2 - US Primary 5 - County 3 - SC Primary 6 - Other	ACCIDENT LOCATION (Route number & Name if any)	AUXILIARY 0 - Main Line 5 - Connection 2 - Alternate 7 - Business 5 - Spur 8 - Bypass 9 - Other
SCREENING INFORMATION			ACCIDENT LOCATION / ENVIRONMENT INFORMATION		
NUMBER OF QUALIFYING VEHICLES INVOLVED A truck with 6 or more tires → <input type="text"/> OR A vehicle with a hazardous material placard → <input type="text"/> OR A bus designed to carry 16 or more persons, including the driver → <input type="text"/> NUMBER OF PERSONS INVOLVED Sustaining fatal injuries → <input type="text"/> Transported for immediate medical services → <input type="text"/> NUMBER OF VEHICLES TOWED/PROVIDED ASSISTANCE Towed from scene due to damage or provided assistance → <input type="text"/> DO NOT COMPLETE THIS FORM UNLESS: One or more qualified vehicles was involved - AND One or more qualifying injuries was sustained - OR One or more vehicles was towed from the scene - OR One or more vehicles was provided assistance			1 - Two-way trafficway with NO physical separation 2 - Two-way trafficway with median strip (divided highway without traffic barrier) 3 - Divided trafficway, median strip, with physical traffic barrier 4 - One-way trafficway ACCESS CONTROL 1 - No Control of Access (Unlimited Access) 2 - Full Control of Access (Only Ramp Entry or Exit) 3 - Other VEHICLE INFORMATION Gross Vehicle Weight Rating Truck or Tractor → <input type="text"/> Trailer or Trailers Total → <input type="text"/> TOTAL NUMBER OF AXLES (Including Trailers) → <input type="text"/> VEHICLE CONFIGURATION 0 - Any 4-tire Vehicle 5 - Truck Tractor Only (Bobtail) 1 - Bus 6 - Tractor with Semi-Trailer 2 - Single Unit Truck (2 axles / 6 or more tires) 7 - Tractor with Double Trailers 3 - Single Unit Truck (3 or more axles) 8 - Tractor with Triple Trailers 4 - Truck with Trailer 9 - Other - Unable to Classify CARGO BODY TYPE 1 - Bus 6 - Concrete Mixer 2 - Van / Enclosed Box 7 - Auto Transport 3 - Cargo Tank 8 - Garbage or Refuse 4 - Flat Bed 9 - Other 5 - Dump Trailer Length Trailer Width Trailer Length Trailer Width		
TOTAL NUMBER OF SUPPLEMENTAL FORMS REQUIRED: <input type="text"/>			HAZARDOUS MATERIAL INVOLVEMENT WAS THIS VEHICLE CARRYING HAZARDOUS MATERIALS ? 1 - YES 2 - NO 3 - UNKNOWN		
UNIT NUMBER FR-10 NUMBER			DID VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD ? 1 - YES 2 - NO 3 - UNKNOWN If "YES", from placard indicate: Name or 4 Digit Number from Diamond or Box → <input type="text"/> 1 or 2 Digit Number from Bottom of Diamond → <input type="text"/> WAS HAZARDOUS MATERIAL RELEASED FROM THIS VEHICLE'S CARGO ? 1 - YES 2 - NO 3 - UNKNOWN		
CARRIER INFORMATION NAME: SOURCE: 1 - Shipping Papers 4 - Log Book 2 - Vehicle Side 5 - Other 3 - Driver 9 - Unknown			NOTIFICATION: SEQUENCE OF EVENTS (for THIS Vehicle) Event #1 Event #2 Event #3 Event #4 <div style="display: flex; justify-content: space-between;"> <div> 11 - Ran Off Road 12 - Jackknifed 13 - Overturned or Rollover 14 - Downhill Runaway 15 - Cargo Loss or Shift 16 - Explosion or Fire 17 - Separation of Units 19 - Other Event </div> <div> (Collision Involving) 21 - Pedestrian 22 - Motor Vehicle in Transport 23 - Parked Vehicle 24 - Train 25 - Pedalcycle 26 - Animal 27 - Fixed Object 29 - Other Object </div> </div>		
ADDRESS: Street Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>			IDENTIFICATION NUMBERS: US DOT <input type="text"/> NONE = 0 <input type="text"/> ICC MC <input type="text"/> STATE <input type="text"/> STATE NUMBER <input type="text"/>		
DRIVER INFORMATION (Apparent Driver Condition) 1 - Appeared Normal 4 - Sick 7 - Medication 2 - Had Been Drinking 5 - Fatigue 8 - Unknown 3 - Illegal Drug Abuse 6 - Asleep			Investigator's Name Rank Badge Number Agency Type Code Date Reviewer's Name Rank		